



CONSUMER COMPLAINT FORM

Instructions: This form should only be used to submit complaints against a licensee of the Board of Barbering and Cosmetology (Board). Do not use this form for complaints about license renewal, application processes, or complaints about the Board. The Board handles complaints involving: gross negligence and/or incompetence, unsanitary conditions in establishments and schools of barbering, cosmetology, and electrology, unlicensed practice in the field of barbering, cosmetology, and electrology; and misrepresentation/false advertising of services. When submitting your complaint please include as much information as possible such as dates, times, procedure(s) used, etc. If your complaint can be supported by photographs, include them when submitting this form. **The Board cannot recover damages or require a refund from a licensee. Filing a complaint with the Board does not stop you from filing legal action. If you file the complaint anonymously, the Board will not be able to pursue consumer harm, nor will you hear the outcome of the complaint.**

(Please write legibly in ink)

PERSON REGISTERING COMPLAINT			
NAME (FIRST, LAST)			
ADDRESS Number and Street			
City		State	Zip Code
DATE OF INCIDENT	BUSINESS PHONE	HOME PHONE	
E-MAIL ADDRESS			
NOTE: LEAVE PERSONAL INFORMATION SECTION BLANK IF YOU WISH TO FILE THE COMPLAINT ANONYMOUSLY.			
COMPLAINT REGISTERED AGAINST			
BUSINESS NAME		LICENSEE OR OWNER NAME	
ADDRESS Number and Street		PHONE NUMBER	
City		State	Zip Code
DETAILS OF COMPLAINT			
STATE YOUR COMPLAINT (If more space is needed, attach an additional sheet)			

DETAILS OF COMPLAINT

HAVE YOU SPOKEN WITH THE LICENSEE REGARDING THE MATTER?
IF YES, WHAT WAS THE DATE AND THE RESULT?

☐ YES

☐ NO

HAVE YOU INITIATED LEGAL ACTION AGAINST THE LICENSEE?
IF YES, WHAT WAS THE DATE AND THE RESULT?

☐ YES

☐ NO

WHAT DO YOU WANT THE BOARD TO DO FOR YOU?

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF CALLED UPON, I WILL ASSIST IN THE INVESTIGATION AND/OR PROSECUTION OF THE RESPONDENT OR OTHER INVOLVED PARTIES, AND WILL IF NECESSARY, SWEAR TO A COMPLAINT, ATTEND HEARINGS AND TESTIFY TO FACTS. PLEASE LEAVE UNSIGNED IF FILING ANONYMOUSLY.

X

SIGNATURE

DATE



NOTICE ON COLLECTION OF PERSONAL INFORMATION

This statement is for your information. Please do not send this to the Board.

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

AGENCY NAME:

Board of Barbering and Cosmetology

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:

Executive Officer

ADDRESS:

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

INTERNET ADDRESS:

www.barbercosmo.ca.gov

TELEPHONE AND FAX NUMBERS:

(916) 574-7574 phone (916) 575-7280

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

COLLECTION AND USE OF PERSONAL INFORMATION:

The Enforcement Division of the Board of Barbering and Cosmetology collects the information requested on this form to determine compliance with the Barbering and Cosmetology Act (Bus. & Prof. Code § 7300 et seq.) The Board uses this information to follow up on your complaint.

PROVIDING PERSONAL INFORMATION IS VOLUNTARY:

You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however we may not be able to contact you or help you resolve your complaint.

ACCESS TO YOUR INFORMATION:

You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION:

We make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we may need to share the information you give us with the business you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

CONTACT INFORMATION:

For questions about this notice, the Department's Privacy Policy, or access to your records, you may contact the California Office of Privacy Protection in the Department of Consumer Affairs, 1625 N Market Blvd., Sacramento, CA 95834, (866) 785-9663, or email privacy@dca.ca.gov.